

Name

Mailing address

City, zip code

JAN 1 4 2010

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Office: House

District

Phone

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☐ Senate

## MAINE ETHICS COMMISSION

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

|  |   | ortana   | (  | 16110  | <u> </u>   |   | 207 - 8  | 371-580  |
|--|---|--|--|--|--|---|--|--|
|  |   | PART 1. INCON  | /IE DERIVED  | FROM EN  | MPLOYMENT  | BY ANO  | HER  |  |
| List the name a economic activi                  | and addre<br>ty of each                 | ss of each employer fr   |  |  |  | <b>元本</b> 均多含有种毒素   |  | the principal type   |
| A berr office of the section and continuous as a | lame of E                               | mployer  |  | Ado  | iress  | ord same appearance seems                                 |  | ype of Economic y of Employer  |
| State  | 8                                       | Maine  | Augi   | usta,  | ME   | reur rivisi m. o viminimatió oca altre ;                  | legis  | slator   |
|  |   |  |  | Ti. 2000-o-desserves (M. Sech. II). Till"— a — whose reserve | andere et al. 20 february and an angeles and an ang | **************************************                    | and the second s |  |
|  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | The second secon | (Simple State of Land State of | 600***********************************                       | The second secon | енческия компенсия (* * * * * * * * * * * * * * * * * * * | See See See Control of the Control o | h-h-май (* 1-1 г. ст. п. н.        |
|  |   |  | or Legislators   | who are so   | elf-employed   | .)  |  |  |
| A. List the nam associated with entity.          | e and add<br>a partner                  | lress of your business,<br>ship, firm, professional  | if any, and list<br>association, o   | t the major a<br>or similar bus                              | reas of econo<br>siness entity, li   | mic activity<br>ist the majo                              | from which you<br>r areas of ecor  | u derived income.<br>nomic activity of th                              |
| Name   | e and Add                               | ress of Business Entity  | to nyesae ii i   | Major Area   | as of Economic<br>(self)   | c Activity  | (partnership,  | eas of Economic<br>Activity<br>association or similal<br>iness entity) |
| Name:  |   |  |  |  |  |   |  | , - <b>, -</b> , <b>,</b> -  |
| Address:   |   |  |  |  |  |   |  |  |
| Name:  |   |  |  |  |  |   |  |  |
| Address:   |   |  |  |  |  |   |  |  |
|  |   |  |  |  |  |   |  | ,  |

|  | ME DERIVED FROM SELF-EMPLOYMENT tors who are self-employed.)  |                                     |
|--|---|-------------------------------------|
| greater, and specify the principal type of economic activity or    | that represents more than 10% of your gross income or \$1,000, which if the entity or person from whom you derived such income. If this f professional ethics, specify only the principal type of economic activity | form of                             |
| Name and Address of Sou  | Principal Type of Econor  arce Activity of Entity or Person V  the Source of the Incom  | Who is                              |
| Name:  | and manders to the explicit of the first the explicit of the explicit ones of boundary company of productive manders and confi  | 4 4                                 |
| Address:   |   |                                     |
| Name:  | · · · · · · · · · · · · · · · · · · ·   | The LO STATE OF THE LOCAL PROPERTY. |
| Address:   |   |                                     |
|  |   |                                     |
| (For Legislators   | OR AREAS OF PRACTICE who are attorneys-at-law only.)  |                                     |
| List your major areas of practice. If associated with a law firm,  |   | anoma i ano                         |
| Name and Address of Firm   | Major Areas of Practice Major Areas of Pra<br>(self) (firm)   | rence                               |
| Name:  |   | -                                   |
| Address:   |   |                                     |
| Name:  |   |                                     |
| Address:   |   |                                     |
| PART 4: OTHE   | ER SOURCES OF INCOME  |                                     |
| ALEMBY 不完了的特殊 <del>的现在时间的转换的</del> 不是的对话的问题。                       | s 1, 2, or 3 of this form. Do not include gifts. If none, check the box.  | /= :, <u>JE</u> @#                  |
| □ None   |   | ZTi-1. Asimanı ramanı               |
| Name and Address of Sour   | rce Kind of Income (investments, leases, etc  | 3.)                                 |
| Name: US Govern ment Address:                                      | Social Securi   | ty                                  |
| Name: Ap artment Tenants<br>Address: 31 Higgins St., Port          | Hand . Rental   | 41% <b>4</b> 50- 4E I'              |
| PART 5. REF  | PORTABLE LIABILITIES  |                                     |
| areas of economic activity of each creditor. Do not list credit ca | 0 or more that you received during the reporting period, and list the ard liability or loans from a relative. If none, check the box.   | major                               |
| Name and Address of Credi  | itor Principal Type of Econom Activity of Creditor  | nic                                 |
| Name: Address:   |   |                                     |
| Name:  |   |                                     |

Address:

| PART   | 6. REPORTABLE GIFTS  |
|--|--|
| List the specific source of each gift of more than \$300. Incone, check the box.   | clude gifts with an aggregate value of more than \$300 from a single source. I   |
| None   |  |
| Name of Source of Gift  1.   | Name of Source of Gift  3.   |
| 2.   | 4.   |
| - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | REPORTABLE HONORARIA   |
| List the source of any honoraria accepted for appearances of   | or speeches related to your legislative responsibilities. If none, check the box.  |
| None   | A CAMPAGE AND A CAMPAGE AND THE RESIDENCE AND A CAMPAGE AN |
| Name of Source of Honoraria  | Name of Source of Honoraria  |
| 1.   | 3.   |
| 2.   | 4.   |
| PART 8. REPRESEN   | TATION BEFORE STATE AGENCIES   |
| List each executive branch agency before which you repres  | sented or assisted others for compensation of any amount. If none, check the   |
| None   |  |
| Name of Agency   | Name of Agency   |
| 1.   | 3.   |
| 2.   | 4.   |
| PART 9. BUSIN  | VESS WITH STATE AGENCIES   |
| <u>(第二章) 《1977年 中国 《西西斯》(第四周第四周),第四届新疆的国际中国的工程的工程的基础。但是国际政策等等</u>  | per of your immediate family sold goods or services with a value in excess of  |
| None   |  |
| Name of Agency   | Name of Agency   |
| 1.   | 3.   |
| 2.   | 4.   |
|  |  |
| PART 10. INCOME RECEIV   | ED BY MEMBERS OF IMMEDIATE FAMILY  |
| List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not | of income of \$1,000 or more received by your spouse or domestic partner or d of income represented. If your spouse or domestic partner received \$1,000 include gifts.  |
| Name of Spouse or Domestic Partner and Job Title   | Type of Economic Activity Representing Source of Relationship Kind of Income Income Received   |
| Name: Louis H. Haskell   | 1. Social Security 1. Social Security  |
| Job Title: Retifed   | 1. Social Security 2. Civil Service Spouse or Domestic 2. Retirement 3. US Army Partner 3. Retirement  |
|  | Dependent<br>Child   |
| If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic   | Dependent  |
| activity and the kind of income.   | Child  Dependent  Child  |

|  | er saarspronter variotie – A Traintein   | profit (Figure 1 of the 1991 to 1 of the  | TAGASA TENGTO TOTAL  | ok<br>Udapudian kantuk  |  |  |  |  |
|--|--|---|--|---|--|--|--|--|
| List any for-profit or nonprofit corporation, firm, association, particle any office, trusteeship, directorship, or position of any nature. was compensated. If a family member listed, indicate your re   | Indicate whether you   | in which you or a me<br>or a family held the  | position and whether   |   |  |  |  |  |
| ☐ None   |  |   |  |   |  |  |  |  |
| Organization/Business<br>and Address   | Title  | Position Held<br>By:  | Family Member's<br>Name  | Compen-<br>sated?   |  |  |  |  |
| Gorham Savngs Bank<br>Gorham. ME 04038   | Director   | seif  |  | yes   |  |  |  |  |
| Gorham. ME 04038   |  |   |  |   |  |  |  |  |
|  |  |   |  |   |  |  |  |  |
|  | 1  | Type of the state |  |   |  |  |  |  |
| A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)  A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)  The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)  The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)  The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has will false a conclude the false of the commission concludes that it appears that a Legislator has will false a conclude the false of the commission concludes that it appears that a Legislator has will false a conclude the conclude that a conclude the conclude that a conclude the conclude that a conclude the conclude the conclude that a conclude the conclude t |  |   |  |   |  |  |  |  |
| ADDITION Please provide any additional information below (and or   | ONAL INFORMATIO  | 4. E. C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.   | e the part or section  | on number for   |  |  |  |  |
| the information you are providing.  Part/Section   | nakananin - 141 - sameniman mamininsi katra mitananin kura 1935 kiri 1999 kiri | one of the second sequences of the second   | a higo o higo territoris estreminante comminante comminante commingente de presidente commente de la compansa de la compa | - Single of Tanasanda Johand modernature minister (1944) scartificants companyed (1945) e.a. Tanasanda. |  |  |  |  |
| Number 10 Louis H. Haskell - Spouse  |  |   |  |   |  |  |  |  |
| add item 4.  Type of Economic Activity Representing Source of Fincome Received - State of Maine Kind of Income - Retirement  |  |   |  |   |  |  |  |  |
| Mich of a second   | •  |   |  |   |  |  |  |  |
|  |  |   |  |   |  |  |  |  |